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 TRANSMITTAL FORM <small>One used for all correspondence after initial filing)</small>		Application Number	09/837,752	
		Filing Date	April 17, 2001	
		First Named Inventor	James D. Bennett	
		Art Unit	2654	
		Examiner Name	David D. Knepper	
Total Number of Pages in This Submission		6	Attorney Docket Number	P93-00-AC
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Request For Continued Examination Under 37 CFR §1.114 And Response To Office Action <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	McAndrews Held & Malloy, Ltd.			
Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245	
Signature	<i>Ronald Spuhler</i>		Date: March 2, 2006	
EXPRESS MAIL DEPOSIT				
"Express Mail" mailing label number : EV304941577US Date of Deposit March 2, 2006.				

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).				Complete if Known			
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: radial-gradient(circle, transparent 1%, black 1%); background-size: 4px 4px;"></div> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 2px solid black; border-radius: 50%; text-align: center; font-weight: bold; font-size: 24px; line-height: 1;"> PTO FEE TRANSMITTAL for FY 2005 MAR 02 2006 </div> </div>				Application Number		09/837,752	
				Filing Date		April 17, 2001	
				First Named Inventor		James D. Bennett	
				Examiner Name		David D. Knepper	
				Art Unit		2654	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.		P93-00-AC	
TOTAL AMOUNT OF PAYMENT (\$) 910.00							
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u>							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							Small Entity
							Fee(\$) Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200 100
Multiple dependent claims							360 180
Total Claims		Extra Claims		Fee(\$)	Fee Paid (\$)		Multiple Dependent Claims
_____ -20 or HP		_____ x _____		=	_____		Fee Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							_____
Indep. Claims		Extra Claims		Fee(\$)	Fee Paid (\$)		
_____ -3 or HP		_____ x _____		=	_____		
HP = highest number of independent claims paid for, if greater than 3							
2. EXCESS CLAIM FEES							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee(\$)	Fee Paid(\$)
_____ -100		_____ /50		_____ (round up to a whole number)		x _____	= _____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other: <u>Petition for One Month Extension Of Time</u>							120.00
<u>Request For Continued Examination Under 37 CFR 1.114 And Response To Office Action</u>							790.00
SUBMITTED BY							
Signature		<u>Ronald Spuhler</u>		Registration No. (Attorney/Agent)		52,245	
Name (print/type)		Ronald H. Spuhler		Telephone		(312)775-8000	
				Date		March 2, 2006	